OBJECTIVES: To compare medication treatment patterns for patients who initiated on olanzapine (OLZ) versus risperidone (RIS).

METHODS: Retrospective analysis of a large, geographically diverse claims database of insured individuals identified 670 enrollees who: (1) were diagnosed with schizophrenia; (2) initiated on OLZ (n = 423) or RIS (n = 247) monotherapy, and (3) had no use of OLZ or RIS in one year prior-initiation. Multivariate analyses were used to compare the OLZ and RIS groups with respect to treatment duration and likelihood of receiving medication for at least 80% of days during the one-year post-initiation, likelihood of switching between study drugs, and likelihood of receiving concomitant treatment for Parkinsonian symptoms. Regressions controlled for demographics, comorbidities, and previous medication use patterns.

RESULTS: Compared to RIS (mean dose = 3.32 mg/day), patients treated with OLZ (mean dose = 10.45 mg/day) experienced a 29.4% increase in treatment duration (162 days vs. 213 days; p < 0.0001), a higher probability of receiving medication for at least 80% of days (Odds Ratio = 2.057, p = 0.0002), a decrease in the probability of concomitant use of anti-Parkinsonian medications (Odds Ratio = 0.639; p = 0.0284). Patients who initiated on OLZ were less likely to switch to RIS than vice versa (Odds Ratio = 0.275; p < 0.0001).

CONCLUSIONS: Compared to RIS, patients treated with OLZ experienced a longer duration of therapy, an increased likelihood of receiving 80% of days of therapy, a decreased likelihood of concomitant use of anti-Parkinsonian agents, and a lower probability of switching among medications of interest.

PEARLS & PRACTICAL APPLICATIONS: For patients started on OLZ, treatment duration is increased. OLZ use was associated with lower likelihood of concomitant use of anti-Parkinsonian medications and lower probability of switching between study drugs. RIS use is associated with higher treatment duration and increased likelihood of concomitant use of anti-Parkinsonian medications compared to OLZ.

EAR, EYE & SKIN DISEASES/DISORDERS—Clinical Outcomes Presentations

QUANTIFYING POTENTIALLY INAPPROPRIATE OPHTHALMIC BETA-BLOCKER USE IN THE MANAGEMENT OF GLAUCOMA

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Studies have shown that systemic absorption of ophthalmic beta-blockers (OBBs) can potentially cause severe systemic side effects.

OBJECTIVES: To evaluate the use of OBBs among patients with a contraindication or precaution against its use.

METHODS: We conducted a retrospective analysis of pharmacy and medical claims data from a West Coast health plan. Patients receiving a prescription for ophthalmic betaxolol, carteolol, levobunolol, metipranolol, or timolol between 7/1/98 and 6/30/00 were included in this study. Study cohorts were identified based upon the first OBB agent received and were followed for 180 days. Patients receiving prescriptions for different OBBs that were more than 180 days apart were categorized as having two episodes of care. OBBs are contraindicated in patients with sinus bradycardia/persistent severe bradycardia, asthma, COPD, and greater than first degree heart block. OBBs have precautions against use in patients having diabetes mellitus, congestive heart failure, Raynaud’s phenomenon, or using oral beta-blockers. OBB use was defined as inappropriate if used simultaneously with oral beta-blockers, within 15 days of heart block diagnosis, or within 6 months of the other conditions.

RESULTS: A total of 9,094 unique patients contributed 9,294 episodes of care. The percentage of patients with a contraindication or precaution against OBB use, respectively, was 12.7% and 20.9% (betaxolol: 19.9% with contraindication, 22.7% with precaution; carteolol: 9.7%, 20.9%; levobunolol: 13.0%, 21.5%; metipranolol: 9.2%, 21.5%; timolol: 10.7%, 20.3%). Overall, 29.6% of patients had at least one contraindication or precaution against OBB use, and 7.6% had multiple contraindications and/or precautions.

CONCLUSION: Nearly three out of ten patients who received an OBB had a contraindication or precaution against its use. Further research is needed to determine the incidence of clinically significant adverse effects from prescribing OBBs in these patient populations, and to identify alternative glaucoma medications that may be more appropriate for these patients.

PEARLS & PRACTICAL APPLICATIONS: OBBs have known systemic side effects. Clinicians should identify contraindications and precautions for OBBs carefully. Patients with specific medical conditions should not be prescribed OBBs. Further research is needed to identify appropriate alternatives to OBBs in these patients.